

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

L-3 Communications Corporation Federal PAC (fka Titan Corporation PAC)

Full Name (Last, First, Middle Initial)

A. MURTHA FOR CONGRESS COMMITTEEMailing Address 551 MAIN STREET SUITE 220
BT FINANCIAL PLAZA SUITE 220

City JOHNSTOWN State PA Zip Code 15901

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2004
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 12

Transaction ID: SB23.5206

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 3

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. NORM DICKS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1663

City TACOMA State WA Zip Code 98401

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2004
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 6

Transaction ID: SB23.5215

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 3

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. RELY ON YOUR BELIEFS POLITICAL ACTION COMMITTEE

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2004
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.5211

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 3

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)